OBESITY PREVENTION PROGRAM

Arizona Department of Health Services

HEALTHCARE WORKGROUP OBJECTIVES AND STRATEGIES

ASSUMPTIONS:

In developing strategies for the state plan, several components were addressed which the group agreed must be present *throughout* the plan and are implied in *each* of the Healthcare goals. These are:

- 1. Incorporate a behavioral/mental health component at every sphere of influence and involve behavioral health professionals in the core team at ADHS, with consideration for behaviors that lead to obesity, stages of change, the obesity/depression link. State/Community/Organizations to participate to include those agencies who are involved in the planning, media messages, social marketing and:
 - o SW Behavioral Development the RBHA's (Regional Behavioral Health Authorities for Arizona);
 - o School counselors, social workers
 - o Physical therapists;
 - o Psychologists with an understanding of bariatrics; addiction specialists
- 2. Create an Obesity Prevention Program "seal of approval" on exiting web sources for providers with community specific information about state, community, and federal programs and provide online access to this information. Consider participation with:
 - o Community Information and Referral,
 - o Maricopa County Youth Sports and Physical Activity Council
 - o Arizona Sports and Tourism Authority.
- 3. Developing and coordinating obesity prevention activities between "spheres of influence" and Healthy Community 2010 partnerships should be overarching goals throughout the plan.
- 4. All objectives and strategies should consider and address the need of all individuals, including those with special health care needs.

OBJECTIVE #1

Deliver a social marketing campaign to the public about preventive measures that can be taken to prevent obesity and to saturate communities with culturally sensitive and intergenerational media messages promoting preventive screening, healthy weight and physical activity options.

Strategy A:

Develop a universal health message for education consistency, e.g., 5-A-Day; Family Meals

Action Steps:

- Identify the bio-psycho-social-cultural dimensions of this message, with specific developmental guidelines
- Conduct focus groups to assist in design of targeted social marketing and programs
- In all messages, address the "why" of eating and activity not just "what" and "how much"
- Create and distribute targeted message posters in exam rooms, medical/dental waiting rooms, community areas, churches, schools, pharmacies.
- Distribution of campaign in hospitals and health clubs
- Promote employers giving fitness memberships to employees
- Develop breastfeeding promotional messages

Target audience:

Health care professionals

o Parents, caregivers, teachers, kids, (inter-generational)

Employers

Organizations for participation:

- Medical and Allied Health Professional Associations: e.g., American Academy of Pediatrics
- o Disease specific Associations, e.g., American Diabetes Association
- o Public Agencies: The Arizona Department of Health Services
- Non-profit and for-profit entities
- o Service providers, e.g., Boys and Girls Club
- o Employer groups
- Insurance industry
- o Entertainment / Sports
- Media entities
- Educators
- Health Clubs, Personal trainers
- All healthcare professions including non-traditional
- Hospitals
- IHRSA (the professional association for health clubs)
- Clothing/toy vendors
- I H S/Tribal organizations

Strategy B:

Develop cross-cultural educational campaigns that are "parent specific", targeting early childhood through school-aged populations.

Action Steps:

- Target as partners local media (T.V., print, and radio) for nutrition and physical activity messages, including faith-based and tribal outlets.
- Enlist support of existing programs such as WIC and Headstart.

- Develop and include parent/family participation in all media messages and add this component to existing messages.
- Partner with school nurses, PTA organizations and school lunch programs as vehicles for providing information to children and for collecting BMI (nurses).
- Enlist support of groups/businesses that focus on the pre-school child (e.g., Gymboree, play groups) to provide nutrition and physical activity messages.
- Develop ADHS website to direct community to high-quality nutrition and physical activity education sites.
- Organize parents as advocates at the grassroots level
- Provide new parents with information on healthy weight for children and families while still hospitalized, i.e., during breast-feeding education.
- Feature Obesity Prevention Program staff and Advisory Team members in Public Service Announcements.

Target audience:

- o Parents, caregivers, teachers, kids, (inter-generational)
- o Food industry businesses
- o Policy makers, community planners
- o Healthcare professionals

Organizations for participation:

- o Medical and Allied Health Professional Associations: e.g., American Academy of Family Physicians, American Medical Association
- o Disease specific Associations, e.g., American Diabetes Association
- o Public Agencies: e.g., Arizona Department of Health Services
- Non-profit and for-profit entities
- o Employer groups
- Insurance industry
- o Media entities, local and national
- o PTA
- o Childcare centers
- After school programs, theatre/clubs
- School boards
- I H S/Tribal health depts.

OBJECTIVE #2

Create multiple mechanisms for community agencies to exchange information to solidify a universal message/program.

Strategy A:

Bring community organizations together to identify consistent message to be delivered.

Action Steps:

• Identify existing programs/coalitions to coordinate and communicate existing information and literature to deliver a consistent message

- Identify resources for organizations to access this information
- Create and catalog materials for organizational access
- Coordinate with professional organization continuing education opportunities and events in an effort to disseminate the message.
- Develop a chronological "map" to identify messages that are appropriate at various age groups and which agencies/organizations will deliver these messages.

Target audience:

- Health care professionals
- Food industry businesses
- Policy makers, community planners

Organizations for participation included:

- Medical and Allied Health Professional Associations: e.g., American Medical Association
- Disease specific Associations, e.g., American Diabetes Association
- Public Agencies, e.g., Arizona Department of Health Services
- Non-profit and for-profit entities
- Service providers, e.g., Boys and Girls Club
- Employer groups
- Insurance industry
- Media entities

OBJECTIVE #3

Facilitate systematic, longitudinal education for health care professionals and healthcare consumers.

Strategy A:

Develop an evidence-based medical curriculum to educate health professionals on healthy weight management and obesity treatment.

Action Steps:

- Identify appropriate groups of health professionals to receive the curriculum.
- Identify delivery methods for the curriculum, e.g., Tool Kit, CME opportunities.
- Develop curriculum for health care professionals, to include use of biopsycho-social-cultural and developmentally appropriate patient education materials.
- Integrate more obesity-specific education into existing training/residency/fellowship programs and target post-graduate health professionals (GI, endocrine, psychiatric, dietetics).
- Working with health care professionals, develop culturally, developmentally, socially appropriate and consistent messages to create patient education using multiple delivery systems
- Include benefits of breast feeding

• Strongly encourage/recommend clinicians, schools and all health care providers to measure and track Body Mass Index as well as educate individuals on their status of BMI.

Target audience:

- Health care community
- Students in training/interns and residents
- Professional Associations
- Academic institutions/schools
- Parents, caregivers, teachers, kids, (inter-generational)
- Employers

Organizations for participation:

- Medical and Allied Health Professional Associations
- Academic Programs/Institutions
- Pharmaceutical Industry
- Medical Associations, e.g., American Academy of Pediatrics, American Medical Association
- Disease specific Associations, e.g., American Diabetes Association
- Public Agencies, e.g., Arizona Department of Health Services
- Non-profit and for-profit entities
- Service providers, e.g., Boys and Girls Club
- Employer groups
- Insurance industry
- Media entities

OBJECTIVE #4

Promote access to and encourage economic support for convenient health care and prevention services from all health professionals.

Strategy A:

Identify evidence - based programs that incorporate prevention and treatment as it relates to obesity.

Action Steps:

- Conduct an assessment of existing programs
- Identify and promote or develop best practices

Target audience:

- Physician groups and allied health professionals
- Insurance industry and corporations
- For profit and non-profit associations

- Medical Associations
- Corporations

Organizations for participation:

- Arizona Association of Community Health Centers
- Arizona Insurance Commission
- AHCCCS
- ADHS
- Institutions of higher education

Strategy B:

Support partnerships to implement medical *insurance incentives* for healthy behaviors and to discount insurance rates for companies with wellness programs

Action Steps:

- Engage top leadership
- Create funding incentives for families/patients; employers; providers; nutritionist; education; wellness programs.
- Research evidence based programs
- Identify who currently reimburses, how reimbursement is determined
- Provide evidence of economic benefit to those services
- Access grants
- Migrate best practices into existing programs

Target audience:

- o Primary Care Physicians
- o Insurance industry
- o For profit and non-profit associations
- Medical and Allied Health Professional Associations.

Organizations for participation:

- o Arizona Insurance Commission
- o AHCCCS
- o ADHS
- o Institutions of higher education
- o Professional Associations Association
- o Medical coders (those that code for reimbursement now).

Strategy C:

Advocate for preventive reimbursement and for healthy weight management and obesity-related interventions including behavioral health and group visit coverage.

Action Steps:

- Engage top leadership
- Provide evidence of economic benefit to those services

• Migrate best practices into existing programs

Target audience:

- o Primary Care Physicians
- o Insurance industry
- o For profit and non-profit associations
- o Medical Associations.

Organizations for participation:

- o Arizona Association of Community Health Centers
- o Arizona Insurance Commission
- o AHCCCS
- o ADHS
- o Institutions of higher education
- o Professional Medical and Allied Health Associations
- o Medical coders (those that code for reimbursement now).